

Purchase Voucher



Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01203820

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK,TX 786802050

Freight Amount:	\$0.00
Gross Amount (Includes Frt.):	\$50,474.32
Discount Amt Taken:	\$0.00
Payment Amount:	\$50,474.32

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 (Contract 529-16-0132-00006 Te)	\$50,474.32			
ShipTo ID	Non-HHSAS Cntrct ID								
1326	Contract #	Wkfc	Org PmtDt	IC	RC				
	529-16-0132-00006	N							
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
	762300		0001	MHTWG	1011P	03150	2017	GR	\$50,474.32
	Open Item Key:						Conf:N		Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

APR 03 2017

04/03/2017

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

01203820

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency reference number	2. Agency number	3. Agency name	Health & Human Services Commission						4. Current document number
	529		5. Effective date	6. Exp. date	7. Curr. date	8. Doc. number	9. Doc agency	529	
9. Texas identification number			10. PDT	11. PDC	12. Purchase Order number	13. Document amount			
17427579192000					0000096282	\$50,474.32			
14. Payee name / address									
The Heidi Group PO Box 2050 Round Rock, TX 78680-2050									
18 SFX 001	BLDG	LG	PC	PSA	FY	COBJ	AGE	Amount	
	APPX	FUND	PM. due date	Invoice date			7623		
	DeptID/Speedchart MHTWG				Requested Payment Date 3 days			Interest Control	Reason Code
18 SFX 001	BLDG	LG	PC	PSA	FY	COBJ	AGE	Amount	
	APPX	FUND	PM. due date	Invoice date					
	DeptID/Speedchart				Requested Payment Date			Interest Control	Reason Code
18 SFX 001	BLDG	LG	PC	PSA	FY	COBJ	AGE	Amount	
	APPX	FUND	PM. due date	Invoice date					
	DeptID/Speedchart				Requested Payment Date			Interest Control	Reason Code
19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES					21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
February 2017	Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity:non profit corporation							50,474.32	
						RECEIVED MAR 29 2017 HHSC Accounting Dept JB			
24. VENDOR CERTIFICATION					Phone (Area code and number)			25. Entered by	
Vendor Contact Name Carol Everett					Phone (Area code and number) 512-255-2088				
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.									
Agency contact/preparer SIGN HERE					Printed Name			Phone (Area code and number)	
Agency Approver SIGN HERE					Printed Name Kim Relph			Phone (Area code and number) 512-776-6443	
								Date 3/29/2017	

Texas Health and Human Services Commission
Form B-13H

Agency Name: The Heidi Group

Supporting Schedule for Healthy Texas Women Reimbursement Vouchers

	Column A	Column B	Column C
1	Total Allowable HTW Cumulative Expenses Incurred: "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	February 2017	601,586.22
2	Program Income (Cumulative):		
3	HTW Fee-For-Service Reimbursements from TMHP	112,680.62	
4*	Sub Total - Program Income →→→→		112,680.62
5*	Gross Cumulative HTW Reimbursable Expenses		488,905.60
6	Total Award Amount of the HTW Categorical Contract	1,649,531.00	
7*	Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	Net Cumulative HTW Reimbursable Expenses		488,905.60
9	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		438,431.28
10*	Gross Reimbursement Requested this Voucher		50,474.32
11	Less: Refunds or Other Adjustments (if any)		0.00
12*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		\$50,474.32
13*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	2/22/2017
Carol Everett	512-255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000092682
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
<p>If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.</p> <p>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</p>				
<p>Ship To: Access & Eligibility Services HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St Bldg 2 PO Box 12668 Ste 105 Austin TX 78751 United States</p>				

Vendor: 1362166948
American Public Human Services Assn
810 1ST ST NE STE 500
WASHINGTON DC 20002-4207

BILL To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States
Phone: 512-424-6518
Fax: 512-424-6901
Email: HHSC_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	Purchaser:	Schmidt, Margaret Ruth (E)	512-406-2503
				PO Price	Extended Amt	Due Date

EX/0

Registration for Wayne Saller and Todd Byrnew and Cheryle Thompson

TGC Section 656.044 Training and Education
Goods and/or services are to be delivered and invoiced after September 1, 2015.

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

The attached HHSC Terms and Conditions apply to this PO.

HHSC or the agency does not commit to ordering specific quantities of services/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/16 are automatically cancelled.

Fiscal Year 2016 Services. No Renewals
Confirmation Order/ Do Not Duplicate

HHSC Purchasing Contact: Margaret Schmidt
Phone #: 512-406-2503 Fax #: 512-406-2686
EMAIL: margaret.schmidt@hhsc.state.tx.us

AGENCY CONTACT: Melissa Moore Email: Melissa.moore@hhsc.state.tx.us
PHONE: 512-206-5165

VENDOR CONTACT: R Washington or B Donald
Email: rwashington@aphsa.org
bdonald@aphsa.org

1- 1	Registration for the upcoming NAPIPM Conference in Reno, Nevada on August 8-11, 2016. Wayne Salter	963-37	1.00 EA	550.00000	550.00	07/18/2016
			Schedule Total		550.00	
			Item Total for Line	1	550.00	
2- 1	Registration for the upcoming NAPIPM Conference in Reno, Nevada on August 8-11, 2016 Todd Byrnes	963-37	1.00 EA	550.00000	550.00	07/18/2016
			Schedule Total		550.00	

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000092682
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				Page
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				1 - 07/20/2016 2

Vendor: 1362166948
American Public Human Services Assn
810 1ST ST NE STE 500
WASHINGTON DC 20002-4207

BILL To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States
Phone: 512-424-6518
Fax: 512-424-6901
Email: HHSC_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class-Item	Purchaser:	Schmidt, Margaret Ruth (E	512-406-2503
			Quantity UOM	PO Price	Extended Amt Due Date
			Item Total for Line	2	550.00
3- 1	Registration for the upcoming NAPIPM Conference in Reno, Nevada on August 8-11, 2016. Cheryle Thompson	963-37	1.00 EA	550.00000	550.00 07/18/2016
			Schedule Total		550.00
			Item Total for Line	3	550.00
			Total PO Amount		1,650.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Banda,Joe (HHSC)

From: Relph,Kim H (HHSC)
Sent: Wednesday, March 29, 2017 11:56 AM
To: HHSC AP
Subject: Voucher Approval - HTW - Heidi Group 022017
Attachments: February 2017 B-13H HHSC (4).xls; February 2017 HHSC Purchase Voucher FY17 - HTW 4116 (1).xlsx

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: HTW Billing [mailto:htwbilling@heidigroup.org]
Sent: Tuesday, March 28, 2017 1:51 PM
To: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: HTW February Voucher

Good Afternoon!

Attached is our current reimbursement voucher for The Heidi Group for the month of February.

There is an adjustment of \$5,159.85 reflected on the Form B-13H. It is an amount that was invoiced by The Heidi Group for one of our clinics for reimbursement for expenses. Since the clinic had not seen a sufficient number of patients at that time, the decision was made to withdraw the expense payment to them and credit said amount back to the State. See Line 11 for this adjustment.

Thank you!

Toni Moman
The Heidi Group
(512) 255-2088 |
www.heidigroup.org